

# ALPHA LASER

## Credit Application

Firm Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_ Established: \_\_\_\_\_  
Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_  
Purchasing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
A/P contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Owners or Officers: (List home address for Partnership or Proprietorship)

Name	Address	Title
_____	_____	_____
_____	_____	_____

Have you filed Bankruptcy in the last five years? \_\_\_\_\_ Taxable? \_\_\_\_\_ (If No, attach Exemption certificate)

Have Principals done business under any other name? \_\_\_\_\_ If so, name: \_\_\_\_\_

### Bank Reference

Bank Name: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Major Trade References

Firm Name: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Estimated annual purchases from Alpha Laser Recharge, Inc. \$ \_\_\_\_\_

I/We authorize Alpha Laser Recharge, Inc. to investigate the references listed above for the purpose of establishing My/Our credit and financial responsibility.

Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

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